PLEASE TYPE OR PRINT	Entered previous May Show
	yes □ no
☐ Ms.	
Mr. Artist 5M	UH
Permanent * 700 C	(Last Name Last)
Address 12995	LCITION BCUP.
Street	- DOLO City
LAKEWOOD Tel. (12212109
Zip 4407 Area Cod	e
Temporary or	51110
Studio Address	21,10
Street	City
Tel. (
Zip Area Cod	e
If you do not presently live in one of the counties of the	
Western Reserve, which county were you born in?	
Collaborator	
(If Any)	
If May Show entries are not accepted or not sold:	
Artist will pick up at Museum.	
Museum should dispose of.	
☐ Museum should ship to artist C.O.D. at this address:	
and the state of t	
	NAME OF THE PROPERTY OF THE PARTY.

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

> DO NOT DETACH